

## (1) PLACE OF BIRTH

County of Anderson Co. S.C.  
Township of Preshers Creekor  
Inc. Town of  
or  
City ofRegistration District No. 3.02 Registered No. 65  
(For use of Local Registrar)  
(No. of St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Archie J. nee Turner } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 1916  
(Name of Month) (Day) (Year)  
To be answered only in case of twins or triplets

## FATHER.

(8) FULL NAME G B Turner  
(9) PRESENT POSTOFFICE OF FATHER Millmont S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE Pickersville  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 17

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Moser  
(15) PRESENT POSTOFFICE OF MOTHER Millmont R # 2  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Oconnee Co. S.C.  
(19) OCCUPATION House Work  
(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 ..... A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Bethie H. Turner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 17 1916

(28)

W. T. Watson  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

SEARCHED INDEXED SERIALIZED FILED IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
WHETHER PLAINLY, WITH UNFADING INK—FIRST IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
M. B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
CITY OF COLUMBIACERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**62988**